

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/551365

## CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10	1					
11		1				
12		2				
13		3				
14		4				
15		5				
16		6				
17		7				
18		8				
19		9				
20		10				
21		11				
22	1					
23		1				
24		2				
25		3				
26		4				
27		5				
28		6				
29		7				
30		8				
31		9				
32		10				
33		11				
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42		20				
43		21				
44		22				
45		23				
46		24				
47		25				
48		26				
49		27				
50		28				
TOTAL IND.	3					
TOTAL DEP.		27				
TOTAL CLAIMS		24				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						